

DEPARTMENT OF SOCIAL SERVICES  
744 P Street, Sacramento, CA 95814



February 4, 1992

ALL-COUNTY INFORMATION NOTICE No. I-<sup>10</sup>~~06~~-92

TO: ALL COUNTY WELFARE DIRECTORS


SUBJECT: REVISED NOTICE OF ACTION FOR DISCONTINUANCE OF REFUGEE CASH ASSISTANCE

AMENDS: ALL-COUNTY LETTER 91-101

The purpose of this letter is to transmit a revised Notice of Action for discontinuance of Refugee Cash Assistance (RCA) on ongoing cases. It incorporates minor changes and allows for differing time-expiration of aid in RCA households where different members may have differing dates of entry into the United States.

Translations for this notice will be issued by the Language Services Bureau.

Questions regarding the information provided in the attachment should be directed to your County Refugee Program Operations Analyst at (916) 323-2131.

  
for ROBERT A. HOREL  
Deputy Director

Attachment

cc: Chris Gersten  
CWDA

State of California  
Department of Social Services

Manual Msg. No.: M69-203A  
Action: Disc.  
Reason: Refugees  
Title: RCA Time  
Expiration - Discontinuance  
Form No. : NA 290  
Effective Date : 2/92  
Revision Date : 12/92

Auto ID No. :  
Flow Chart No. :  
Source : RCA  
Regulation Cite : 69-203.41, 69-206.21(d)

MESSAGE:

As of \_\_\_\_\_, the County is stopping Refugee Cash Assistance (RCA) for  
\_\_\_\_\_  
(name(s))

Here's why:

By the end of this month, you will have lived in the United States longer than eight (8) months.

As of October 1, 1991, a change in federal rules lowered the number of months of RCA you can get. You can't get RCA after you have been in the United States longer than eight (8) months, starting with the first day of the month you arrived.

You may be able to get cash aid in another program. Call your worker.

You will get another notice about your Medi-Cal.

INSTRUCTIONS: Use to notify recipient(s) of RCA discontinuance when the recipient has lived in the United States longer than the RCA time-expiration limit. Timely notice requirements are the same as for AFDC (Aid to Families with Dependent Children) cases.

Fill in the effective date of the discontinuance and the name of the recipient(s).